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ABSTRACT

This paper discusses two related needs in the field of educational leadership preparation: the need for a greater clinical emphasis in administrator preparation programs, and the need for a national network of leadership learning centers that would act as a "central nervous system" for education. Increased emphasis on clinical learnings would spur development of the specific leadership skills that are necessary in today's educational environment. A central nervous system linking various leadership learning centers would improve communication and information dissemination between centers and would help coordinate their effort to create an orchestrated approach to leadership improvement. (JG)

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RETHINKING EDUCATIONAL LEADERSHIP PREPARATION

NEEDED: A CENTRAL NERVOUS SYSTEM FOR EDUCATION

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RETHINKING EDUCATIONAL LEADERSHIP PREPARATION

NEEDED: A CENTRAL NERVOUS SYSTEM FOR EDUCATION

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This brief paper is part repertorial, part descriptive. My remarks flow in two directions: first to a clinical emphasis, which I believe is warranted in the preparation of educational leaders, and second, to the need for a new central nervous system for education.

Richard C. Snyder, Director of the Mershon Center, The Ohio State University, argues forcefully for the incorporation of clinical learnings (in fresh ways) into the preparation sequences of leaders. He characterizes current educational leadership preparation as occurring in "a field where persons can become learned in something that they have never seen." Students can be admitted to programs, enroll in a series of courses, do research, pass exquisite examinations, receive degrees and licenses, without literally having seen or experienced their area of learnedness. Furthermore, such persons can become employed and cause others to join them in their learnedness, thus expanding the numbers who have neither seen nor experienced what they are learned about. (The scheme is working so well that it may be adopted by brain surgeons morticians, and football coaches.)

Settings, Contexts, and Participants in the Preparation of Educational Leaders

Several assumptions guide my reflections and these should be made explicit. I assume:

1. that fresh draftings of the conventional campus-based, academic segments of leader preparation programs are in order;
2. that a new instrumentality is needed through which leadership skills and learnings can be acquired and through which learning to lead can be achieved;
3. that we have improperly assumed that knowledge possession and knowledge utilization are the same;
4. that we can best bridge the theory/practice gap by embedding preparation in field-based, problem solving settings;
5. that we can best learn to apply knowledge in field settings where the utilization of knowledge can be witnessed and appraised;
6. that we have underestimated the value of skill development in leader preparation; and
7. that today's settings for practice, especially those in urban areas, are growing in complexity at an exponential rate.[1]

Much of my time over the past two years has been spent in Detroit. I have been privileged to serve as Co-Executive Director of a sixty-eight (68) member citizens' group called the Detroit Education Task Force. At the same time I have retained my professorship at The Ohio State University.[2]

I have, in fact, had the best of two worlds. My Detroit responsibilities provide a unique and unexcelled "window on the world." And my campus duties allow me to reflect on that world in a reasonably removed location and to incorporate observations about that world into my teaching, writing, and conceptualizing about leadership.

As part of the work in Detroit I have had a chance to test the concept of a decision seminar as a planning and staff development tool.[3] The seminar is an instrument for disciplined, focused attention on school problems. It is conducted in a special environment, constructed for reflection and improved use of information. The school system's eighteen top administrators are members (more will be said about the decision seminar later).

The decision seminar agenda recently included management training, both pre-service and in-service, as a central focus. Discussion included the usual misgivings about colleges and universities, observations about their disinterest in real problems, the non-relevance of campus-based programs, and inadequacies of university faculties to prepare leaders. But it went well beyond such "for openers" comments. It became an incredibly sophisticated discussion of paradox. The paradox is the current practice of appointing community oriented, building level administrators in Detroit. Appointment processes include extensive citizen participation

Building level leaders require a combination of administrative skills and attributes that transcend any training program now known. Persons now being appointed in Detroit usually reflect demands for sensitivity and responsiveness, but such appointments often ignore some of the consistent needs for management and program leadership skills. The

"new breed" of Detroit administrators is tuned to community, can read and respond to constituencies, listens well to pupils, but often cannot manage.

The "new breed" coexists with the "old breed." The "old breed", in their training, was immersed in ideology, philosophy, and course content oriented to running an effective and efficient school. Little theoretical work was included regarding striking common cause with community interests, nor were there attempts to develop skills in community relationships. Thus the paradox -- two strains of impotence, coexist in a volatile, sometimes hostile, environment. Most leader preparation programs are oriented toward the 'old breed" model. We have not found the mechanisms for blending "community" and "education" emphases.

The Detroit Decision Seminar participants went on to urge that urban universities and school leaders engage in mutual, in-depth, analysis of the requirements of urban educational leaders at the building level. They were concerned about the "short life" of leaders who are intimately tied to the community but know little or nothing about education and program development. Seminar participants were similarly concerned about the conventionally prepared who have a "kit of tools", none of which are applicable without ways of enlisting and sustaining community support. They were anxious as well about the university pipe-lines spewing forth less than competent conventionally prepared persons and community councils insisting upon employing community oriented leaders who may be poorly qualified as program leaders.

To summarize, the top administrators in Detroit doubt the capabilities of current programs to prepare leaders for today's schools: they speak to the paradox of community groups insisting upon appointing

community-competent administrators who may or may not be educationally competent, and universities preparing persons with educational competencies that lack congruence with the leadership needs of urban settings, especially in community terms; and they despair at an early resolution of preparation problems.

Clinical Emphases
Including Skill Development

At Ohio State we have been impressed with the need for a radical reconception of preparation with marked emphasis on knowledge utilization and skill development. To that end we are considering preparation that would be embedded in the field and guided by leadership learning centers. Learners --preservice and inservice-- would become members of leadership learning teams, accept field-based problem solving missions, and fulfill problem solving responsibilities under the sponsorship of an institutional clinic, a sub-unit of a leadership learning center. Considerable emphasis would be placed on skill development.[4] Two skill areas will be reviewed briefly. They are only two examples; many others could have been selected.

Communication Skills

It is reasonable to expect that leaders at mid-career (as well as those who may be entering preparation) will bring to a clinical setting substantial skills in communication. It is reasonable to expect that a person can speak and write clearly and concisely. It is not reasonable, however, to expect each person will possess the sensitivity, flexibility, and dexterity required of the panoply of communication demands that are embedded in many settings. Campus-nurtured and developed skills may wilt

and fade in the face of field requirements. Therefore, it is right and proper to expect the clinical setting to provide practice options that will allow the development of new capacities or improved levels of communication performance. Leadership learning teams should include persons with talents sufficient to pass judgment upon the effectiveness of communcation behaviors, as well as to prescribe in their regard using the best knowledge available.

(In Detroit, we are reminded every day of the fragile nature of communication. We are brought up short repeatedly with the discovery that words carry different meanings to different people. We encounter the affective or emotion-producing properties of data. We are startled when data elicit diverse responses within heterogeneous assemblies.)

If a learner in a clinical setting is required to write a position paper or some other substantive document, that statement should yield to critical analyses which transcend those normally available. Criticisms should be provided by a range of observers, in many cases including persons beyond the boundaries of the formal clinical learning team. In settings marked by socio-economic, racial and ethnic diversity, criticism should be sought from persons who reflect that diversity. Both written and oral forms of communication should be placed under such scrutiny.

Listening skills are as important as speaking or writing. In highly charged settings, or even in those that are less volatile, quick word exchanges lead to responses that are often poorly informed. Leaders must be skillful listeners and sorters. They must be patient to hear others out. They must sift and sort with dexterity. They should, in many situations, employ playback techniques to those who have issued statements, or soliloquies to them. They should, as we all know, look beyond content.

They should be able to analyze communication of which they are not a part and garner insights through such observations.

Most of today's leadership settings, particularly those inhabited by school superintendents, state commissioners of education, federal officials, university presidents, and other visible administrative figures, are in the public eye. Persons who occupy those posts are confronted frequently by television and radio reporters. Following board meetings or even in the sanctity of an office, microphones and cameras are thrust in their faces. They are asked to respond to questions with little or no opportunity for preparation. A clinical setting should provide opportunities to test learner capacities to respond in such situations. If the clinical settings do not contain these skill-training options, then simulations should be designed so that those communication skills can be appraised and strengthened. The clinical team, through simulation, could record behavior, make judgments about it, feed back those observations, redo the simulation, and engage in a definitive skill development exercise.

Skills are needed in working with radio and television personnel, obviously. But leader relationships with newspaper reporters are equally important. There are skills that sharpen a leader's capacity to work with the press. For example, the use of precise terms, recognizing the affective properties of what is said, brevity as distinct from wordiness, optimism as distinct from despair, generalizations as distinct from particulars, directness rather than evasiveness, and choosing language for heterogeneous audiences. When leaders, especially in settings marked by diversity, use poor words, they should be told. When they are not clear they should be told. When they use too many words they should be told. When they are

not providing enough detail to support their meaning, that too, should be spelled out.

Feedback has become a household word. It is an important term. Certainly in regard to the behavior of people in training, there should be sustained and repetitive observation of performance and sustained and repetitive forms of feedback. Communication skills should become almost second nature, a part of the person, and improve markedly over what they were before individuals enter into a clinical learning environment. And the collegial fabric (learners and teachers) should be tough enough to support harsh criticism in relation to skill development.

Political Skills

Leadership, administrative, or managerial positions, require more and more sophistication in the political skill areas. Although positions may vary in terms of the degree of skill refinement required, the need for such skills is increasingly recognizable across most leadership landscapes. Several questions are worth noting: What are the central, most effective political skills that leaders should possess? How can political skills be assessed? What sorts of clinical settings allow political behaviors to be displayed so that judgments can be made about them? What clinical staff capacities are required to "apply" knowledge of political behavior so that it is reflected in leader behavior?

Each of us is called upon frequently for judgments about others. If we were asked about how well persons for whom we have program responsibilities understand political behavior and how effectively people behave politically, how would we respond? How do persons mobilize others? Do they diagnose? Are they persuasive? Are they gifted in influencing?

What mannerisms and actions characterize their persuasive behavior? How adroit are they at moving into vacuums? What bases do they employ for initiating activities? How carefully and upon what bases do individuals choose those to be involved in a mobilization? To what extent is the leader willing to share leadership? How gifted is the person in sustaining an activity? Does the individual lead a set of events to culmination? Is the leader willing to abort along the way? --to endure pain in the process? Can the individual clean up the wounded after skirmishes? Is the individual willing to patch and paste a situation together in order to fight another day?

Considerable work should be devoted to designing and testing clinical learning teams. Key to the formation of such learning groups is the basic understanding that these are instruments for bridging between knowledge possession and its use. They are intelligence and information conduits leading to improved leader performance. Clinicians on the teams would need several talents, not the least of which is skill in observation, brokering knowledge and information, and working effectively in field settings.

Earlier, reference was made to political skills. Certainly, clinicians working in the field would have to have access to information and knowledge related to those skill and knowledge areas.

Obviously, learners in clinical settings cannot be under human observation all the time. Choices have to be made regarding critical events which display skills and attributes. Persons experienced in supervising clinical education will learn to identify occasions which permit a "natural" opportunity to observe leadership talent and ability. Thus, the points for observation would be chosen judiciously with a view towards

displaying a range of leader attributes rather than a single attribute. There are times when only a single talent can be appraised, but more often a panoply of abilities would be in view.

Techniques for recording observations should be employed. Tapes, both audio and video, are obvious possibilities. There are others that call for skilled note-taking. In fact, persons in training should employ their own devices for making observations about their learnings. Diaries, if considered thoughtfully, are helpful. "Ten minute club" techniques are powerful, as are other experience summary devices.

The clinical situation yields nicely to debriefing techniques. Debriefing is, itself, a skill that leaders should possess. Debriefings can occur in one-on-one situations or in small groups. If more than one learner is in a particular field setting, then groups of learners, through seminars or debriefing sessions, can benefit from group debriefing approaches. Groups of learners can develop confidence in using debriefing techniques independent of clinical staff. Disciplined debriefings, conducted within appropriate guidelines and ground rules, are substantial learning tools.

A CENTRAL NERVOUS SYSTEM FOR EDUCATION

In the preceding I have spoken sketchily of settings, contents, participants, and emphases. Now, I want to turn to the central nervous system for education. The phrase, "central nervous system", may be misleading. In fact, some may suggest that we already have it either through UCEA or professional associations or a combination of them. Obviously, we do not have a central nervous system for educational leadership, nor for education. And it may be presumptuous to suggest the possibility. We are aware of the

fragmentation of interest within the educational community, even its professional components. And to propose cohesion, coordination, or orchestration of its parts may seem absurd. It would be if that were the notion.

This proposal is essentially an exercise in advocacy. It is to put in place a set of leadership learning centers that would hold membership in a national network. The centers would be conceptually similar and tied together through advanced forms of communication. Their collective mission would be to advance the cause of education through an orchestrated approach to leadership improvement. Their individual missions would be to focus on leadership preparation but with freedom to concentrate on particular interests or needs consistent with the general mission. The system of learning centers would have a vortex. The hub would be responsible for coordination, and share in conceptualization, choice of emphasis, codification and dissemination of learnings.

Each of the components, including the vortex, would have similar functions. The vortex unit would transcend the member centers, especially in codification and dissemination expectations.

The management of a leadership learning center would take the initiative in locating field settings fo clinical activity. The preparation of leaders would be the product of extensive clinical education blended with more conventional forms of knowledge accumulation. Learners would enroll under the guidance of and with the collegial association of learnings center staff members. Skill development would be refined with unusual investment in ensuring that knowledge possession was reflected in leader performance. The learning center would be staffed

in patterns consistent with its mission, obviously reflecting the diversity of talent and skills implied by its differentiated but integrated functions.

A leadership learning center would have divisions consistent with its functions. Focused communication, including forums and critical convenings, would constitute one function. Institutional clinicianship would be another. Learnings codification and dissemination and learning community functions would round out a center's features. Each center would use a Lasswellian decision seminar as its intelligence, guidance, and planning instrument.[5]

The decision seminar is an exceedingly powerful learning instrument as well as a promising tool for use in problem solving. It is a mechanism for short- and long-range planning, a powerful staff development device, and has unusual value in pre-service preparation. It is a way to improve the quality of decision making, useful for professionals and laymen alike. And it permits "theoretical take-offs and landings" in policy areas.

Success with the seminar is enhanced when it is conducted in special settings or situation rooms. Contextuality is emphasized through mind auxiliaries in the form of audio and visual techniques. The attributes of the situation room include a consistent, data-rich setting for reflection and dialogue, a location congenial to data retrieval and display. Members have responsibility for creating the data environment, appraise data before their display, and caters to data preferences of decision seminar participants. Experience in the seminar leads to strengthened data utilization skills.

The theory of the seminar includes a disciplined approach to problem analysis and appraisal. It requires commitment and involvement

on the part of participants and focuses the minds of participants on procedures and content simultaneously. Further, it is marked by continuity and permanence. The importance of the past is recognized in thinking about the present and anticipating the future.

The linking of several leadership learnings centers would create a central nervous system for educational leadership and to some extent for education. The network's cumulative strength would be reflected in: (1) the potential for centralized and decentralized forums and convenings on critical, emergent leadership issues; (2) a sustained analysis of leadership preparation requirements and needs; (3) a leadership data codification, storage, retrieval and display capability not now in existence; (4) the refinement and extension of institutional problem solving capacity; (5) the incorporation of disciplined approaches to problem solving through decision seminars and situation rooms; and (6) leader preparation which blends knowledge accumulation and its utilization for future educational leaders.

The enormous problems of inertia within society and its institutions can be approached through the decision seminar/situation room theory and technology. The successful implementation of Lasswell's theory through the creation of leadership learning centers is the first phase of a much larger research and development plan. The ultimate exposition is a social planetarium, a most advanced tool for improved social, institutional, and individual decision making.[6] The leadership learnings centers network will be a necessary developmental stage if the

planetarium is to emerge. The planetaria of the future will become nerve centers of a genuine learning society.

SUMMATION

These comments have been directed toward two objectives: first, a fresh emphasis on clinical forms of learning for leaders, and second, a "central nervous system" for education. Description and prescription have been used. The clinical education needed for leaders does not exist now in complete form; neither does a leadership learnings center. There are some emerging clinical emphases and there are institutional architects at work on the leadership learnings centers. The next two decades should see remarkable development leading eventually to social planetaria. The planetaria will become the most effective learning instruments available for leaders and followers, indeed for a learning society.

FOOTNOTES

1. One of the most artful descriptions of complexity is included in Harlan Cleveland, The Future Executive. New York: Harper & Row Publishers, 1972.

2. The Detroit Education Task Force is a third party problem solver. It has provided a fine clinical laboratory within which to extend the conceptualization of third parties, decision seminars, situation rooms, forums, clinicianships, and institutional clinics.

3. See Larry L. Slonaker and Phillip M. Burgess. The Decision Seminar: A Strategy for Problem Solving. (A Mershon Center Briefing Paper, February, 1975, The Ohio State University, Columbus, Ohio). Also, Luvern L. Cunningham. "Third Parties and Problem Solvers." (Mimeographed, Mershon Center, The Ohio State University, November, 1974, pp. 37-9).

4. The discussion of skills is taken from an earlier paper on mid-career study for school administrators presented at the February 1975 meeting of the American Association of School Administrators.

5. Harold Lasswell. Pre-View of the Policy Sciences. New York: American Elsevier Publishing Company, Inc., 1971.